



## **Alcohol Consumption and Anthropometric Assessment of Commercial Motorists and Motorcyclists in Odeda Local Government Area, Abeokuta, Ogun State, Nigeria**

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### **ABSTRACT**

Alcohol and drugs use is a global problem, causing both social and public health chaos in many countries. This study was designed to assess the alcohol consumption and anthropometric characteristics of commercial motorists and motorcyclists. The study was cross-sectional in nature. Four hundred respondents in selected motor parks and motorcyclist parks were selected using random sampling, participated in the study. Data from the study was derived through interviewer-administered questionnaires to collect data on socio-demographic and economic variables, anthropometric characteristics, and the Alcohol Use Disorders Identification Test (AUDIT) was used. The mean age of the respondents was 34.79±11.31. Half (52.3 %) of the respondents had no risk of alcohol consumption, 25.3% had low risk of alcohol consumption, 14.3% had moderate risk of alcohol consumption and 8.3% was high risk of alcohol consumption. Among the respondents, 67.3% had normal body mass index. Majority (71.3%) had high risk of abdominal obesity using the waist-to-hip ratio. Summarily, most of the respondents have high risk of abdominal obesity and should be educated to take deliberate efforts to reduce alcohol drinking.

**Keywords:** Obesity; Body Mass Index; Alcohol; Waist to Hip ratio; Socio-demographic

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### **INTRODUCTION**

In recent times, because of the promotion, competition and popularity of alcoholic products, most alcoholic beverages are now cheaper as compared to other drinks. Due to this multiplicity, many people including the commercial motorists and motoecyclists engage in heavy drinking (**Barry et al., 2015**). Alcohol is a colorless, volatile and flammable liquid, which is the intoxicating constituent of wine, beer, spirits and other drinks (**Idoko et al., 2015**). Alcohol and drugs use is a global problem, causing both social and public health chaos in many countries. Alcohol has been shown to cause dose dependent impairment of balance, reaction time, visuospatial skills, recognition and memory, accuracy of fine motor movements, crucial thinking and social skills (**Laofe et al., 2019**).

Commercial taxi driving is an occupation characterized by vigorous activities such as long hours of driving, short duration of sleep and challenges related to getting passengers,

and in an attempt to reduce or minimize the involved stress, some of the commercial drivers resort to using psychoactive drugs such as alcohol and cigarettes (Makanjuola et al., 2014). Apart from the anticipated benefits of relieving them from the stress involved in their daily activities, they also believe that such substances help them to keep alert and awake for several hours.

Excessive consumption of alcohol among commercial drivers has a lot to do with their work environment; influence of colleagues or friends and proximity to the point of sales as many of these commercial motor parks harbor sellers of all kinds of alcoholic beverages and this is the major cause of problems (Akpan and Ikorok, 2014). Drinks in the form of beer, gin, palm-wine, are often freely available during most social occasions, and personal observations have shown they are also available in some motor parks, where there are often prepared as a herbal concoction to cure a wide variety of ailments (Akpan and Ikorok, 2014). The presence of alcohol retailers in or around most okada (motorcycle) parks predisposes them to easy access and patronage (Awonusi et al., 2020).

Unknown to these drivers, the use of such psychoactive substances impairs their driving performance, problem-solving skills as well as their sense of judgment in the face of an unexpected incidence, thus contributing to accidents (Zhao et al., 2014). Yearly, as many as 1.24 million lives are lost worldwide as a result of road traffic accidents and are projected to be among the five leading causes of death, if prompt and suitable actions are not taken to curb the growing danger (World Health Organization, 2018).

This study hereby assessed the alcohol consumption and anthropometric assessment of commercial motorists and motorcyclists in Odeda Local Government Area, Abeokuta, Ogun State, Nigeria.

## MATERIALS AND METHODS

### Study Design

A cross-sectional design study was used to carry out this study among commercial motorists and motorcyclists in Odeda Local Government Area, Ogun State.

### Study Area

Odeda is a Local Government Area in Ogun State, Nigeria. It has an Area of 1560km<sup>2</sup> and a population of 109,449 at the (2006) census. The Local Government is bounded at Bakatare. A small village close to Oyo State and also bounded at Alogi, a big urban centre that bound the Local Government Area from Abeokuta-south. The Local Government Area is subdivided into 10 wards: Alabata, Alagbagba, Balogun Itesi, Ilugun, Obantoko, Obete, Odeda, Olodo, Opeji, and Osiele.

### Study Respondents

The study respondents were commercial drivers and motorcyclists between the ages of 20 and 71years. They consist of commercial Bus drivers, taxi/cab drivers and commercial motorcyclists working at the motor parks.

### Sample Size Determination

The sample size was based on the prevalence of alcohol consumption, which is 50% (Lasebikan et al., 2018).

The sample size was calculated using the formula:

$$N = \frac{Z^2 \times P(1-P)}{D^2} \quad (\text{Sin-Ho, 2014})$$

Where N= desired minimum sample size, when sample frame is more than 10,000

Z<sup>2</sup>= table value for standard normal deviate corresponding to 95% significance level (1.96).

P= Prevalence of alcohol consumption which is (50%= 0.50) (**Lasebikan et al., 2018**).

D= Margin error, (5%) set at +0.05

Substituting the values in the above formula, the sample size equals:

$$N = \frac{(1.96)^2 \times 0.50(1-0.50)}{(0.05)^2}$$

$$N = 384$$

The sample size (N) for the study was three hundred and eighty-four (384) participants. The sample size will be increased to 400 participants to give room for non-response.

### **Sampling Technique**

A multi-stage sampling technique was used for the data collection procedure, which involves different sampling techniques at each stage of data collection. Stage One: Out of the 10 wards (Alabata, Alagbagba, Balogun Itesi, Ilugun, Obantoko, Obete, Odeda, Olodo, Opeji, and Osiele), three wards were selected using a simple random sampling. Stage two, three motor parks and seven motorcyclist parks were randomly selected in the wards. Stage three, simple random sampling was employed to select the total sample size of 400 respondents.

### **Method of Data Collection**

An interviewer-administered questionnaire was used to collect the data from the respondents. A well-structured and validated questionnaire was used to collect information on the socio-demographic and personal characteristics of the respondents, information on the family history of alcohol and lifestyle will also be collected. Questions from the WHO AUDIT (2018) were used to collect data on the alcohol intake of the respondents (**Lasebikan et al., 2018**).

The Alcohol Use Disorders Identification Test (AUDIT) was used to determine the prevalence of alcohol use and to identify persons with hazardous and harmful patterns of alcohol consumption. The AUDIT was developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking and to assist in brief assessments. The AUDIT provides an accurate measure of risk across gender, age and culture. The AUDIT has the advantage of having cross-cultural standardization, identifies harmful and hazardous alcohol use and is consistent with ICD 10 harmful alcohol use and dependence syndrome. It is very brief, rapid and flexible. Questions 1 to 3 captures hazardous alcohol use, 4 to 6, dependence and 7 to 10, harmful use. Scores of 0 was categorized as No risk, scores between 1-7 was categorized as Low risk of consumption, and scores between 8-12 was categorized as Risky/Moderate risk of consumption and scores between 13 and above was categorized as High risk of consumption.

The anthropometric measurements of the respondents were taken following the WHO standard. Weight measurement was taken using a portable, well-calibrated analogue weighing scale and the respondents were told to remove items that could overestimate their weights before weighing. The height measurement was taken using a heightometer. A stretched non-elastic measuring tape was used to measure the waist circumference and hip circumference. The waist circumference was measured at the midway between the iliac crest and lower rib while the hip circumference was measured on the widest part of the hip. Body mass index and waist-hip-ratio was calculated from the measurements and classified according to WHO standard (WHO, 2011).

Body mass index and Waist-to-hip ratio was calculated as:

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m}^2\text{)}}$$

$$\text{WHR} = \frac{\text{Waist circumference (cm)}}{\text{Hips circumference (cm)}}$$

### Data Analysis

The data was analysed using the Statistical Product and Service Solutions (SPSS) windows Software Version 21.0. Descriptive statistics such as means, percentage, frequencies and standard deviation was analysed and inferential statistics such as correlation and chi's square analysis was carried out to determine the relationship between variables.

## RESULTS

### Socio-demographics and economic characteristics of the respondents

Four hundred commercial motorists and motorcyclists working in Odeda Local Government Area, Ogun State, participated in this study. They were all males with ages ranging from 20 to 71 years and with a mean age of  $34.79 \pm 11.31$  years. Most of the respondents were from the Yoruba (58.8%) tribe, 11.3% were Ibos, 15.8% were Hausa and 14.3% are from other tribes and more than half (64.3%) of the respondents were married. Christianity (47%) and Islam (47.8%) are the most practiced religions, 4% of the respondents are traditional worshippers, while 1.2% practice other religions. The result also shows that 46.5% had secondary school education, 26.3% had primary school education, 15% had no formal education, and 12.2% had tertiary school education. Most of the respondents (78.5%) have a household size ranging from 1-5. Also about one-third (72.0%) of the respondents earned a high income of about #4000 -#5000 daily.

Table 1: Socio-demographics and economic characteristics of the respondents

Variables	Frequency(N)	Percent (%)
<b>Gender</b>		
Male	400	100
<b>Marital Status</b>		
Single	118	29.5
Married	257	64.3
Separated	15	3.8
Divorced	8	2.0
Widower	2	0.5
Total	400	100
<b>Religion</b>		
Christianity	188	47.0
Islam	191	47.8
Traditional	16	4.0
Others	5	1.3
Total	400	100
<b>Ethnicity</b>		
Yoruba	235	58.8
Igbo	45	11.3
Hausa	63	15.8
Others	57	14.3
Total	400	100
<b>Number of Children</b>		
1-3	184	46.0
4-6	97	24.3
7-10	8	2.0
Not Applicable	111	27.8
Total	400	100
<b>Household size</b>		
1-5	314	78.5
4-6	76	19.0
6-10	9	2.3
11-15	1	0.3
Total	400	100
<b>Level of Education</b>		
No formal Education	60	15.0
Primary school	105	26.3
Secondary school	186	46.5
Tertiary Institution	49	12.3
Total	400	100
<b>Spouse Level of Education</b>		
None	110	27.5
No formal Education	56	14.0
Primary school	95	23.8
Secondary school	120	30.0
Tertiary Institution	19	4.8
Total	400	100
<b>Estimated Daily Income</b>		
<del>₦</del> 1000- <del>₦</del> 1999	9	2.3
<del>₦</del> 2000- <del>₦</del> 3999	103	25.8
<del>₦</del> 4000- <del>₦</del> 5000	288	72.0
Total	400	100
<b>Present Occupational Position</b>		
Employed	390	97.5
Other jobs	4	1.0
Retired	6	1.5
Total	400	100
<b>Partner's Occupational Position</b>		
None	102	25.0
Other jobs	13	3.3
Employed	284	71.0
Retired	1	3
Total	400	100

### Anthropometric Characteristics of the Respondents

The result shows that 23.0% of the respondents were overweight, 67.3% had normal weight, 7.5% were Obese and 2.3% were underweight. Two hundred and eighty-five of the respondents (71.3%) had a high risk of abdominal obesity, 22% had a moderate risk of abdominal obesity and 6.9% had a low risk of abdominal obesity. The mean weight and height of the respondents were  $68.69 \pm 11.01$  and  $1.69 \pm 0.07$  respectively. The mean waist circumference and hip circumference were  $79.95 \pm 7.8$  and  $90.70 \pm 7.2$  respectively.

Table 2: Anthropometric Characteristics of the Respondents

Variables	Frequency	Percent (%)	Minimum	Maximum	Mean $\pm$ S.D
<b>BMI category</b>					
Underweight	9	2.3	16.79	36.68	24.01 $\pm$ 3.5
Normal weight	269	67.3			
Overweight	92	23.0			
Obese	30	7.5			
Total	400	100			
<b>WHR category</b>					
Low risk	27	6.8	0.73	0.99	0.88 $\pm$ 0.05
Moderate risk	88	22.0			
High risk	285	71.3			
Total	400	100			

### Alcohol Use Disorder Identification Test Score of the Respondents

Almost half (52.3 %) of the respondents had no risk of alcohol consumption, 25.3% had low risk of alcohol consumption, 14.3% had moderate risk of alcohol consumption and 8.3% had high risk of alcohol consumption.

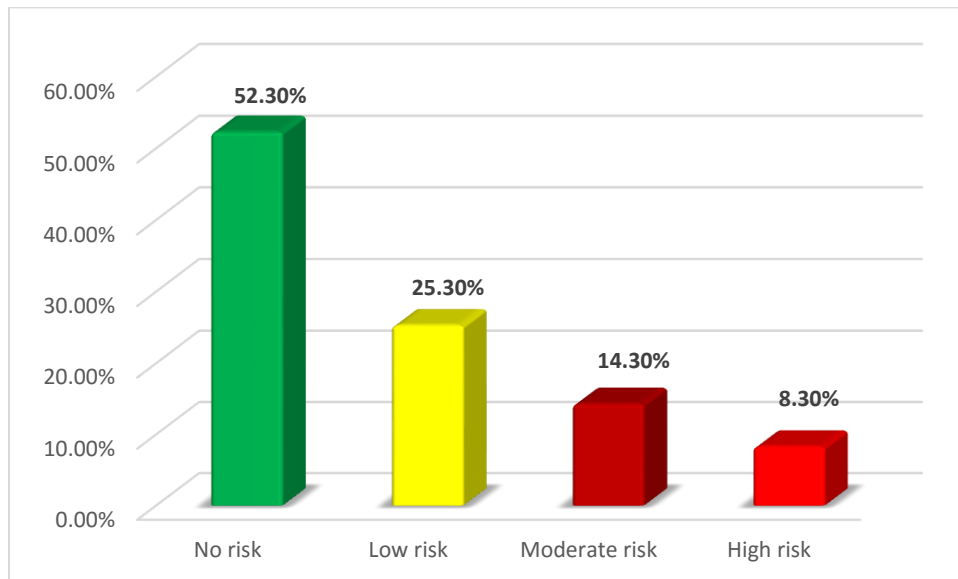


Figure1: Alcohol Use Disorder Identification Test Score

### Alcohol Intake Pattern of the Respondents

About half (54.0%) of the respondents do not consume alcohol and 37.8% are heavy episodic drinkers (they often consume more than 6 standard alcoholic drinks or more than 60g pure alcohol in a single occasion).

Table 3: Alcohol Intake Pattern of the Respondents

Variables	Frequency (N)	Percent (%)
<b>Frequency of alcohol consumption</b>		
Never	216	54.0
Monthly or less	85	21.3
2 to 4 times a month	29	7.3
2 to 3 times a week	43	10.8
4 or more times a week	27	6.8
Total	400	100
<b>Frequency of Heavy Episodic Drinking (n=151)</b>		
Less than monthly	90	22.5
Monthly	41	10.3
Weekly	16	4.0
Daily or almost daily	4	1.0
Total	151	37.8
<b>Quantity of Consumption (standard drinks)</b>		
1 or 2	300	75.0
3 or 4	66	16.5
5 or 6	14	3.5
7,8, or 9	8	2.0
10 or more	12	3.0
Total	400	100

\*Total number of respondents =400

### Relationship between Socio-demographic and economics characteristics and Body Mass Index of the Respondents

Table (4) shows the relationship between body mass index and socio-demographics of the respondent. The result shows that there is no significant relationship ( $P= 0.42$ ) between religion and body mass index of the respondents. However, there is significant relationship between ethnicity, marital status and body mass index of the respondents. It also shows the relationship between body mass index and socio-economics of the respondent. There is significant relationship between the level of education and the body mass index of the respondents ( $P=0.003$ ). There is no significant difference ( $P=0.08$ ) between estimated daily income and body mass index of the respondents.

Table 4: Relationship between Socio-demographic and economics characteristics and Body Mass Index of the Respondents

Variables	Underweight N (%)	Normal weight N (%)	Over weight N (%)	Obese N(%)	Total N(%)	Chi value	P- value
<b>Marital Status</b>							
Single	5(4.2)	99(83.9)	13(11.0)	1(0.8)	118(29.5)	43.238	0.00
Married	4(1.6)	159(61.9)	68(26.5)	26(10.1)	257(64.3)		
Separate	0(0.0)	5(33.3)	9(60.0)	1(6.7)	15(3.8)		
Divorced	0(0.0)	4(50.0)	2(25.0)	2(25.0)	8(2.0)		
Widower	0(0.0)	2(100)	0(0.0)	0(0.0)	2(0.5)		
Total	9(2.3)	269(67.3)	92(23.0)	30(7.5)	400(100)		
<b>Ethnic group</b>							
Yoruba	6(2.6)	143(60.9)	62(26.4)	24(10.2)	235(58.8)	22.630	0.007
Ibo	2(4.4)	29(64.4)	12(26.7)	2(4.4)	45(11.3)		
Hausa	1(1.6)	56(88.9)	6(9.5)	0(0.0)	63(15.8)		
Others	0(0.0)	41(71.9)	12(21.1)	4(7.0)	57(14.3)		
Total	9(2.3)	269(67.3)	92(23.0)	30(7.5)	400(100)		
<b>Religion</b>							
Christianity	2(1.1)	118(62.8)	53(28.2)	15(8.0)	188(47.0)	9.144	0.424
Islam	7(3.7)	135(70.7)	35(18.3)	14(7.3)	191(47.8)		
Traditional	0(0.0)	12(75.0)	3(18.8)	1(6.3)	16(4.0)		
Others	0(0.0)	4(80.0)	1(20.0)	0(0.0)	5(1.3)		
Total	9(2.3)	269(67.3)	92(23.0)	30(7.5)	400(100)		
<b>Level of Education</b>							
No formal education	1(1.7)	51(85.0)	8(13.3)	0(0.0)	60(15.0)	25.112	0.003
Primary school	3(2.9)	79(75.2)	17(16.2)	6(5.7)	105(26.3)		
Secondary school	3(1.6)	115(61.8)	49(26.3)	19(10.2)	186(46.5)		
Tertiary institution	2(4.1)	24(49.0)	18(36.7)	5(10.2)	49(12.3)		
Total	9(2.3)	269(67.3)	92(23.0)	30(7.5)	400(100)		
<b>Estimated Daily Income</b>							
#1000-#1999	0(0.0)	8(88.9)	1(11.1)	0(0.0)	9(2.3)	17.477	0.08
#2000-#3999	2(1.9)	84(81.6)	15(14.6)	2(1.9)	103(25.8)		
#4000-5000	7(2.4)	117(61.5)	76(26.4)	28(9.7)	288(72.0)		
Total	9(2.3)	269(67.3)	92(23.0)	30(7.5)	400(100)		

### Alcohol Use Disorder Identification Test Score (AUDIT) and Socio-demographic and economics characteristics of the Respondents.

Table 5 shows the relationship between the Alcohol Use Disorder Identification Test Score (AUDIT) and socio-economic characteristics of the respondents. The table reveals that there is no level of significance between education level, estimated daily income, present occupational position and Alcohol Use Disorder Identification Test Score (AUDIT) of the respondents. The table also shows the relationship between the Alcohol Use Disorder Identification Test Score (AUDIT) and the socio-demographics characteristics of the respondents. There is a level of



significant difference ( $P=0.00$ ) between the marital status, religion, ethnic group and Alcohol Use Disorder Identification Test Score (AUDIT).

Table 5: Socio-demographic and economics characteristics and Alcohol Use Disorder Identification Test Score (AUDIT)

Variables	No risk N(%)	Low risk N(%)	Moderate risk N(%)	High risk N(%)	Total N(%)	Chi value	P-value
<b>Level of Education</b>							
No formal education	38(63.3)	15(25.0)	4(6.7)	3(5.0)	60(15.0)	11.395	0.250
Primary school	55(52.4)	24(22.9)	19(18.1)	7(6.7)	105(26.3)		
Secondary school	87(46.8)	54(29.0)	26(14.0)	19(10.2)	186(46.5)		
Tertiary institution	29(59.2)	8(16.3)	8(16.3)	4(8.2)	49(12.3)		
Total	209(52.3)	101(25.3)	57(14.3)	33(8.3)	400(100)		
<b>Present occupational position</b>							
Other jobs	4(100)	0(0.0)	0(0.0)	0(0.0)	4(1.0)	6.959	0.325
Employed	200(51.3)	101(25.9)	56(14.4)	33(8.5)	390(97.5)		
Retired	5(83.3)	0(0.0)	1(16.7)	0(0.0)	6(1.5)		
Total	209(52.3)	101(25.3)	57(14.3)	33(8.3)	400(100)		
<b>Estimated daily income</b>							
<del>₦1000-₦1999</del>	3(33.3)	3(33.3)	2(22.1)	1(11.1)	9(2.3)	8.618	0.196
<del>₦2000-₦2999</del>	65(63.1)	19(18.4)	10(9.7)	9(8.7)	103(25.8)		
<del>₦3000-₦3999</del>	141(49.0)	79(27.4)	45(15.6)	23(8.0)	288(72.0)		
Total	209(52.3)	101(25.3)	57(14.3)	33(8.3)	400(100)		
<b>Marital Status</b>							
Single	79(66.9)	11(9.3)	21(17.8)	7(5.9)	118(29.5)	40.249	0.00
Married	124(48.2)	80(31.1)	29(11.3)	24(9.3)	257(64.3)		
Separated	4(26.7)	6(40.0)	5(33.3)	0(0.0)	15(3.8)		
Divorced	1(12.5)	3(37.5)	2(25.0)	2(25.0)	8(2.0)		
Widower	1(50.0)	1(50.0)	0(0.0)	0(0.0)	2(0.5)		
Total	209(52.3)	101(25.3)	57(14.3)	33(8.3)	400(100)		
<b>Religion</b>							
Christianity	84(44.7)	56(29.8)	32(17.0)	16(8.5)	188(47.0)	28.101	0.00
Islam	121(63.4)	36(18.8)	21(11.0)	13(6.8)	191(47.8)		
Traditional	3(18.8)	6(37.5)	3(18.8)	4(25.0)	16(4.0)		
Others	1(20.0)	3(60.0)	1(20.0)	0(0.0)	5(1.3)		
Total	209(52.3)	101(25.3)	57(14.3)	33(8.3)	400(100)		
<b>Ethnic group</b>							
Yoruba	106(45.1)	68(28.9)	37(15.7)	24(10.2)	235(58.8)	57.620	0.00
Ibo	19(42.2)	10(22.2)	8(17.8)	8(17.8)	45(11.3)		
Hausa	58(92.1)	3(4.8)	2(3.2)	0(0.0)	63(15.8)		
Others	26(45.6)	20(35.1)	10(17.5)	1(1.8)	57(14.3)		
Total	209(52.3)	101(25.3)	57(14.3)	33(8.3)	400(100)		

## DISCUSSION

This study was carried out to assess the alcohol consumption pattern and anthropometric assessment of commercial motorcyclists and motorists in the Odeda Local Government Area, Abeokuta. This study shows that all the respondents are male, most of the respondents were of Yoruba ethnicity and this is because the study was carried out in Abeokuta, a city in the Southwestern Region of Nigeria, which is predominantly, a Yoruba-speaking population. A higher percentage of them ranged from 20 to 50 years, while the mean age of the respondents was  $34.79 \pm 11.31$  years, showing that most of the commercial motorists and motorcyclists were of active ages. A study carried out among commercial taxi-drivers in South Africa reported a mean age of  $43.3 \pm 12.5$  years (**Aanuoluwa et al., 2019**). Most of the commercial drivers and motorcyclists in this study had secondary school education. This is similar to a study conducted by Laofe *et al.*, (2019) but contrary to the study conducted in Ondo state, that shows a large number of respondents (35.6%) with primary school education (**Usman and Ipinmoye, 2015**).

The mean Body Mass Index (BMI) of the respondents is  $24.01 \pm 3.5$  indicating that the motorists and motorcyclists are within the normal body mass index range. A study carried out in Bangladeshi among vehicle drivers revealed that the mean BMI of the respondents was  $26.09 \pm 2.86 \text{ kg/m}^2$  indicating that the drivers are overweight (**Halder and Sarker, 2016**). **Hansani et al., (2019)** also reported a mean BMI  $23.06 \pm 4.2 \text{ kg/m}^2$  of respondents in a study carried out among rural adult in Sri Lanka, which is similar to the findings of this study. A study conducted among bus drivers in Bengaluru city, shows that the mean waist-hip ratio was  $0.89 \pm 0.06$  (**Pushpa and Kanchana, 2019**). This is very similar to the findings of this study, that showed a mean value of  $0.88 \pm 0.05$ .

This study revealed that there is a significant relationship between the Alcohol Use Disorder Identification Test score (AUDIT) and the waist/hip ratio of the respondents, which means that an increase in alcohol intake might have a significant increase in their waist/hip ratio. **Rohde et al., (2017)** also noted that there was a significant inverse association between waist-circumference and alcohol intake of the respondents ( $P=0.02$ ) and also body weight and alcohol intake of the respondents ( $P=0.03$ ).

This study shows that 54.0% do not consume alcohol, 75.0% of the respondents consume 1 or 2 standard drinks. More than half (62.3%) of the respondents are not heavy episodic drinkers (they do not consume more than 6 standard alcoholic drinks or more than 60g pure alcohol in a single occasion). A similar study carried out among commercial motorcyclists in Abeokuta, reported that 20% of respondents take less than 1 bottle per day, 41.7% take only one bottle per day and 16.6% take 6 bottles as it was revealed that psychological (stress) and social (peer influence) factors have been known to increase their alcohol intake (**Owoeye et al., 2019**).

This study also shows that 52.3% of the respondents have no risk, 25.3% have low risk of alcohol consumption, 14.3% have moderate risk of alcohol consumption and 8.3% have high risk

of alcohol consumption. This indicates that the risk of toxicity as a result of alcohol is lower among the respondents and this should be encouraged in other to reduce their health consequences. A study carried out in Delta State, Nigeria among commercial cyclists reported a prevalence of low risk level and high risk level to be 59.9% and 40.1% respectively (**Omomu et al., 2017**).

A study also carried out among outdoor drinkers in public open places, Nigeria also reported that 11.1% were abstainers and the prevalence of a likely AUD was 44.4% (**Lasebikan et al., 2018**). **Ishaku Ara Bako et al., (2020)** described that 87.6% of the respondents in Makurdi, had hazardous alcohol consumption which is high, as larger number of the respondents consume alcohol to ease anger/ tension, relax and enjoy them. It was also higher in Uyo as **Akpan and Ikorok (2014)**, noted that the prevalence of alcohol consumption was influenced by their environment as most (93.75%) of the respondents purchased alcohol in and around the motor parks.

This study further shows that a higher proportion 25.0% of divorced respondents are exposed to high risk level of alcohol consumption. **Omomu et al., (2017)** also noted in their findings that a higher proportion of married respondents 40.1% as against their single counterparts 36.8% are exposed to high risk level of alcohol consumption. **Lu et al., (2019)** also revealed in a study that the prevalence of consumption was 45.84% among the respondents in Wuhan and this was because alcohol intake is an accepted cultural tradition in Wuhan, China which is the study area. However, a study carried out among adults in Kenya, by **Kendagor et al., (2018)** showed a lower prevalence (12.6%) of heavy episodic drinking compared to this study and it was revealed that the lower rates may be due to a higher cost of living found in Kenya which include the price of alcohol making it less accessible.

This study reveals that there is no level of significance between education level, estimated daily income, present occupational position and Alcohol Use Disorder Identification Test score of the respondents. **Kitua et al., (2019)** opined that there was a significant association (P-value=0.001) between age, level of education, employment status, family history and hazardous alcohol consumption.

## CONCLUSION

The study revealed that half of the respondents among the motorists and motorcyclists do not have the risk of alcohol consumption. The BMI-classification shows the total body fat of the respondents; the result shows that there is a low prevalence of obesity, while majority of the respondents have a normal weight. This shows that the respondents thus have a moderate nutritional status. Also, majority of the respondents was high risk of abdominal obesity, as shown by their waist-hip ratio values. More than half of the study population had no risk of alcohol consumption, while only few had a high risk of alcohol consumption. There is a level of significant difference (P=0.00) between the marital status, religion, ethnic group and Alcohol

Use Disorder Identification Test Score (AUDIT). This study also revealed that there is no level of significance between the socioeconomic characteristics and the Alcohol Use Disorder Identification Test score of the respondents, meaning that the socioeconomic status is not influenced by their alcohol consumption.

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